

PERSONAL CARE AGENCY - FUNCTIONAL ASSESSMENT

Client Name: _____ Date of Birth: _____ Age: _____ Sex: _____

Marital Status: _____ Weight: _____ Height: _____ Blood Pressure: _____ Pulse: _____

Address: _____ Phone: _____

Phone: _____

Family Member/ Contact Person: _____ Phone: _____

DIAGNOSES (Primary & Secondary): _____

CURRENT AND RECENT HEALTH PROBLEMS: _____

SENSORY IMPAIRMENTS (Vision/Hearing): _____

FUNCTIONAL STATUS & ASSISTANCE NEEDED: ADL=Activities of Daily Living

ADL/MOBIITY FUNTIONING LEVEL	BOWEL & BLADDER MANAGEMENT LEVEL	MEDICATION MANAGEMENT LEVEL
1. Independent, safely without assistance. 2. Does with some help 3. Uses an assistive device, takes a long time or does with great difficulty. Personal Care Aide does more that half of the activity. 4. Does with maximum help or cannot do at all.	1. Independent. No accidents. 2. Does with some help. 3. Requires supervision, set-up, cueing, and/or coaxing. Needs assistance with equipment. Has infrequent accidents. 4. Does with maximum help and/or daily accidents.	1. Independent 2. Requires reminders 3. Open container and remind

PERSONAL CARE SERVICES	LEVEL 1 - 4	DESCRIBE HOW CLIENT FUNCTIONS & ASSISTANCE NEEDED
Bath/Shower/Tub/Bed Bath		
Dressing		
Personal Grooming		
Oral Hygiene and Denture Care		
Mobility: Assistive device Transfer to bed/chair/commode/ wheel chair		_____ _____
Eating and Meal Preparation		
Providing Social Interaction		
Housekeeping		
Bladder Management		
Bowel Management		
Medication Management (Optional: Medication Profile)		

Special Instructions: _____

MOBILITY

Is client at risk of falling? Yes___ No___ Has client fallen recently? Yes___ No___ Date: _____

MOBILITY	LEVEL 1 - 4	DESCRIBE HOW CLIENT MANAGES & ASSISTANCE NEEDED
Walks indoors		
Walks outdoors		
Climbs stairs		
Wheelchair		

Special Instructions: _____

COGNITIVE

COGNITIVE FUNCTIONING	DESCRIBE HOW CLIENT FUNCTIONS & ASSISTANCE NEEDED
Ability to communicate	
Understands directions	
Safety/judgment	
Alert, no disorientation or confusion	
Slightly confused or depressed	
Confusion	

If cognitively impaired, has the client been medically evaluated to rule out reversible conditions?

Yes___ No___

Source of cognitive status information: client___ family___ observation___ provider___ other _____

Special instructions: _____

BEHAVIOR MANAGEMENT: Describe mental status/behavior problems, which the provider must address and methods to be used: _____

The Personal Care Services, as described above, can be provided safely to this client.

Note: If the Functional Assessment reveals that the client's needs exceed the personal care services, the health care professional must make a referral to a home health agency or other alternative service.

Health Care Professional / Title

Date

Print Name

A Functional Assessment is completed for each client prior to admission to the agency and annually thereafter, or at earlier intervals when a significant change in condition occurs.